COVID-19

PUTTING THE VETILATOR UNDER THE MICROSCOPE

18 APRIL 2020

ETHOS VS ETHICS

APPROACHING COVID-19 FROM A PHYSIOTHERAPIST'S PERSPECTIVE

(This article is written strictly on a 'personal advise and opinion' basis based on sound medical and physiotherapy knowledge I possess and many years of practice both in government and private practice. The views do not represent a group or collective opinions and some comments, recommendations or content may be divergent from those of others.)

TO WHOM I SPEAK

This article is intended to give policy makers and health care givers an insight into the current statistics, views and evidentiary material CURRENTLY available (after the fact) on the efficacy of the Ventilator intervention on Covid-19 '3rd-stage' victim in the hope that policy on admission, management, isolation and general epidemiological issues are horned in . The public can also be assisted as to making the decision of 'total home quarantine and isolation' vs admission into a health institution *vis-à-vis* possible benefits and outcomes therefrom and thereof.

SCOPE

Covid-19 is a viral disease caused by the novel SARS-CoV-2 virus which has hit the world at alarming rates and causes whole countries and economies to shut down. Death has been recorded in thousands in the day and the only constant in all these changes of moving figures and statistics, country and government responses, medical efforts etc is, we are exactly where we started…**NO CURE and or treatment regime that has managed to contain both the disease and or its outcome in the worst case scenarios.**

We have managed to some extent to give palliative care to the bulk of the victims of Civid-19. Many in their thousands recover with no need for any type of medical

treatment at all. The treatment to date, like literally all viral diseases is directed at easing the symptoms of the victims and not directed at the virus itself. This is because some of the chemical material in our bodies have a similar chemical make as that of viruses, therefore any treatment targeted at the virus will be poisonous to our own body.

THE 3RD STAGE VICTIM

I have coined one set of victims of Covid-19 as the '3rd Stage Victim', this in my own definition is that victim who has deteriorated to display signs and symptoms of an attack of **alveoli type II cells** **WITH** the **induction** of the atypical **A**cute **R**espiratory **D**istress **S**yndrome (**ARDS)-like symptoms.** This patient has exhibited as the name suggests, an atypical immune response by the body against the Covid-19 virus. This has been described in recent medical reports as **an overreaction of the immune system** to the covid-19 virus causing literally a **flashflood** of inflammatory fluid/material into the alveoli of the lungs. This in summary and, within a very short space of time is blocking off the oxygen delivery mechanism into the lungs and in-turn, into the body. **Hypoxia** (low oxygen levels in blood) prevail and vital organs shut down leading to death.

I have written an article on how this can be managed at home to reduce chances of death and it is my humbled opinion that if followed closely death may be eliminated altogether, and the same easy management model can be adopted (if not already) in healthcare institutions. The recommendations are standard clinical practice in everyday medicine and it is worrying why healthcare systems throughout the world have not actively adopted them or if they have why this information is not shared with the public.

ICU AND THE VENTILLATOR

The current trend I am observing in almost all the countries in the management of the 3rd Stage Patient has been as follows:

- Victim gets very sick at home and makes emergency call
- Ambulance collects victim or victim admits self

- Patient may still be in moderate stage 3rd condition and is admitted to ICU for oxygenation and other medications directed at symptoms presenting
- If all goes well patient/ victim gets better and is discharged to general ward or home for further self isolation
- If patient or victim gets worse, the last level of clinical defense has been invoked in hospitals with the facilities to offer this… **VENTILATION!**

This is what this article is about. **VENTILATION IN ICU.** I have heard, read and documented many governments, countries, organisations, patients, hospitals, medical personnel, in fact a whole spectrum of medical and authoritative bodies radiating desolate cries over how they feel incapacitated to help the 3rd Stage Covid-19 victim because they do not have ventilators in the hospitals or enough ventilators in the country etc. I would like to all of them all to **STOP!**

STEP BACK AND EXAMINE AND EVALUATE THE FACTS!!!

Lets answer the following questions first before we can even think of putting a patient/victim on a ventilator let alone purchase one of these very expensive pieces of equipment.

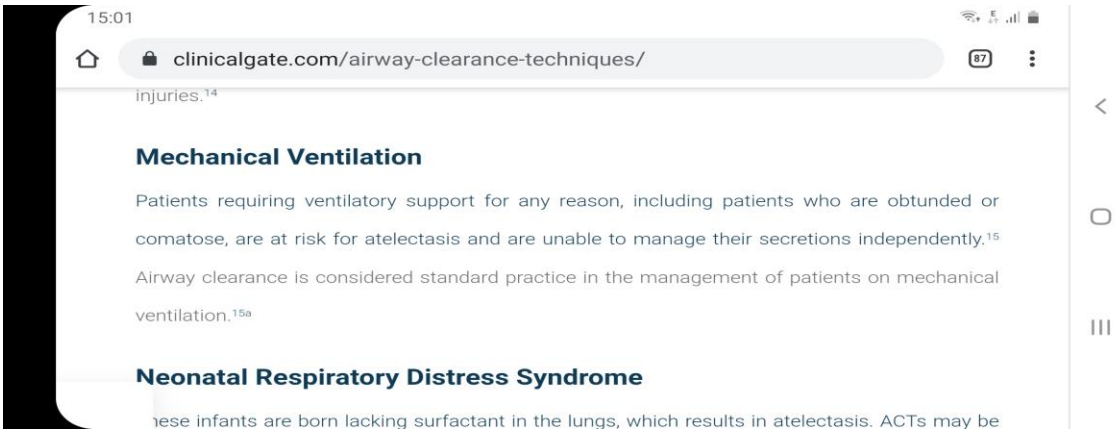
1. With what we know clinically from perusing all the research that has been published of cases across Asia, Europe and the United States and various online case records, what are the clinical indications for ventilation that have been identified for the 3rd Stage Covid-19 victim?
2. What are our clinical objectives?
3. To date what is the reported or noted success rate or prognosis?

LETS LOOK AT HOW THE CURRENT ONLINE RECORDS, RESEARCH AND INFORMATION IS ANSWERING THESE QUESTIONS:-

A. **Current information do not reasonable support any indication for use of a ventilator.** Let me qualify that statement, UNLESS IT IS USED IN COMBINATION WITH OTHER TREATMENT INTERVENTIONS!! Unless a victim is completely incapacitated on breathing on their own, and unless the victim is in such a state of shortness of breath that they cannot efficiently participate in therapy to remove fluids from their lungs then a ventilator is indicated.

   In this instance it is never used on its own as a means to an end, it is not a treatment or cure to any condition or disease, it is **only a tool for life support.** If no proper therapy is administered with it, then we may be accelerating the death of the victim by administering on its own as it is know to cause collapse of alveoli (atelectasis). According to Mel DuECK, a nursing practitioner and former ICU nurse in a teaching hospital (commenting on the physicianweekly.com website March 30, 2020), "Despite all the ventilator settings being maxed out, you watch them spiral downward and die". That just about says sums it up! The copious amounts of inflammatory fluids in the lungs are a **'ROADBLOCK"** to any attempt to get air where it is intended for an efficient gaseous exchange in order to deliver the critically needed oxygen and take out the equally toxic carbon dioxide out of the body.

Clinicalgate.com clearly explains conditions under which ventilators should be **properly used. Without removing the ROADBLOCK, the inflammatory fluids from Covid-19 victims' lungs, the victims are doomed!**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clinicalgate.com/airway-clearance-techniques/
injuries.[14]
Mechanical Ventilation
Patients requiring ventilatory support for any reason, including patients who are obtunded or comatose, are at risk for atelectasis and are unable to manage their secretions independently.[15] Airway clearance is considered standard practice in the management of patients on mechanical ventilation.[15a]
Neonatal Respiratory Distress Syndrome
hese infants are born lacking surfactant in the lungs, which results in atelectasis. ACTs may be

B. I will present current evidence on successes, and or failures of ventilators in cases they have been applied. The current evidence seems to suggest dismal failure of any clinical intervention, which culminates in use of the **ventilator** as a tool of last resort in treating 3rd Stage Covid-19 victims. Medscape April 13, 2020 puts the failure rate at two thirds (2/3). In other words, 2 in every 3 victims put on ventilators have died.

One study published in the journal Lancet Respiratory Medicine, in a study done in Wuhan, China (after the fact), which tracked 52 critically ill patients at a single hospital, 37 needed ventilators. The authors reported that 30 of those 37 people had died within 28 days of ventilation and 3 remained on ventilators at time of reporting. There are piles of evidence online indicating catastrophic failure of tooling the ICU with a ventilator for Covid-19 patients.

I have been generous to write up on the moderate studies. Some reports indicate failure rates of up to 80% or 8 out of 10 people ventilated dying.

WHATS THE POINT

There is an ethical issue we are faced with here. Our Ethos are screaming increase access to ventilators, **ethics are pulling the other way asking if it is ethical to subject a Covid-19 3rd Stage victim to a treatment regime that has shown more catastrophic failure than success?** In fact one may be compelled to argue if you simply put an

oxygen mask over the faces of these patients (minus the ventilators) you probably would report the same successes or failure rates, or better if we factor in atelectasis. I will go further to argue that if then we are not going to focus on what I will call here **the clinically correct treatment regime, why bother admitting these patients at all, chances are it is highly likely they will die in our hands.**

HERE IS MY PROPOSAL FOR COVID-19 MANAGEMENT PROTOCOL FOR 3RD STAGE COVID VICTIMS

1. **AT HOME:- Follow recommendations given in my article on Management of Covid-19 at home (COVID-19 DECORDED)**

2. **HEALTH CENTRE:- The focus must be on removal of 'THE ROADBLOCK'! Airway clearance has got to be the KEY GOAL and focus of the clinical intervention.**

If available, the equipment that should be used is as follows-

- **A nebuliser:- to thin-off any of the inflammatory fluids in the lungs and reduce the surface tension in the fluid (making it runny rather than sticky)**
- **Knowing and understanding the use of POSTURAL DRAINAGE POSITIONS in relation to radiological (x-ray) presentation of affected lobes of the lung. Using these positions to facilitate flow of the fluids from the lobes into the main pulmonary branches and the trachea**
- **Using a SUCTION MACHINE to drain the fluids out of the main pulmonary branches. This is especially so for patients whose breathing has gone so weak they cannot cough out the fluids on their own. If suction machines are not available, most patients if caught early enough will be able to cough it out on their own.**
- **Use and administration of intermittent oxygen to remove and control hyperventilation in between suction or drainage sessions. Frequency of these sessions is determined on a case by case observation basis.**
- **This is done until patient is out of danger.**

- **Check x-rays** **where possible to be done daily at the same time of day depending on availability and affordability, else on every other day.**
- **The two indicators for recovery will be observation of physical presentations and check x-rays.**
- **Duration of recovery will be the time it takes for the 'overreaction of the immune system' to subside, at which time there will be little or no fluid being poured into the alveoli by the immune system.**

This is the treatment and like most if not all viral conditions, it targets the trouble symptoms whilst giving the body's immune system a chance to come around. These are the critical tools to be obtained or applied on a Covid-19 stage 3 patient or victim, whether in ICU or isolation center. If any of these is not available, refer to my article COVID-19 DECODED on what to do.

MORTALITY WILL COME DOWN

The techniques are not necessary for the majority of the affected Covid-19 patients/ victims who do not deteriorate to this severe 3rd level, they will recover just fine.

*(May I give thanks to the owners of the materials and pictures and demonstrations I have used in this article. The article is 100% free, and can be further distributed for free. Lets distribute it around with the intention to save lives****. Subject to copyright if used commercially****)*

Lets stay indoors Or move about only as allowed and directed from time to time by the authorities, lets stay safe. Lets make it easier for our leaders and law enforcers on whose lives we have entrusted ours. GOD BLESS YOU ALL.

Author:- Mr. T. Mjumi- BSc. HPT(UZ) 1992